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Purpose:

The purpose of this directive is to establish guidelines and procedures for dealing with ~~people~~ individual's displaying suicidal thoughts, and/or behaviors/gestures.

Philosophy:

The Department of Disabilities and Special Needs (DDSN) values the health, safety, and well-being of each ~~person~~ individual. However, many ~~people~~ individuals served by DDSN ~~served~~ have mental health needs which necessitate special precautions to prevent the risk of harm to themselves or others.

Problem:

Suicidal wishes, gestures or attempts ~~should~~ must be taken seriously. Historically suicidal wishes have been associated with ~~people~~ those who are in a depressed state; however, they can occur in individuals who appear non-depressed. One of the key factors in suicidal potential is the degree of hopelessness and/or helplessness experienced by the ~~person~~ individual. When an ~~person~~ individual begins to view the future in totally negative terms, and view themselves as

powerless to help themselves, life becomes pointless and intolerable and he/she becomes a high suicide risk. This risk exists particularly if the ~~person~~ individual is depressed or has a history of impulsive behavior. The risk associated with suicidal symptoms is obvious, since it poses a high probability of fatal consequences. It should be noted that the impulsive suicidal attempt may be just as dangerous as the deliberately planned attempt.

INDICATORS:

Early detection of the potential for suicide is an important aspect of prevention. Some of the important indicators of suicidal potential are:

1. Expression of intent to harm oneself;
2. Prior attempts to harm oneself;
3. Negative view of the future (I feel so hopeless);
4. ~~Presence of~~ Illogical thinking ~~where~~ such as reporting hearing or responding to voices ~~are~~ telling the ~~person~~ individual to harm him or herself;
5. Expression of desire to be like others who have attempted or committed suicide;
6. Recent loss of someone significant through death, divorce, moving away, etc.;
7. Feelings of depression as evidenced by sadness, crying, etc.;
8. Increases or decreases in appetite;
9. Loss of interest in activities;
10. Isolation from activities and people;
11. Changes in sleep pattern;
12. Inability to decide whether or not they want to live or die;
13. Sudden improvement in mood after a period of depression or hopelessness;
14. Agitation or irritability.

~~Persons~~ Individuals with intellectual disabilities may not appreciate the lethality or degree of dangerousness of their acts. In an agitated state they may commit a fatal act when they were intending to make a gesture.

PROCEDURES:

DDSN Regional Centers, DSN Boards, and Contract Service Providers shall develop a formal policy on preventing and responding to suicidal behaviors. The policy shall specify that when any staff member has reason to believe that an individual intends to injure himself/herself because the ~~person~~ individual is expressing thoughts of suicide, suicide gestures or symptoms of major depression, or any of the indications listed above, the staff member should immediately notify their supervisor. The supervisor shall:

1. Immediately place the individual on one-to-one supervision. The staff member assigned on each shift shall remain within arm's length of the ~~person~~ individual at all times, even in the bathroom, and while sleeping.

2. Have physician, psychologist or responsible professional (one who has training and experience in diagnosis and treatment of mental disorders) conduct an examination of the

individual immediately after the one-to-one supervision is initiated. The examination shall be documented and include the following elements:

a. Behavior and thought content;
b. Actual potential danger to self and others;
c. The level of precaution and specific actions (in accordance with this directive) to be taken; and,
d. Whether or not immediate transfer to a psychiatric facility is indicated.

Whenever an individual in the community is ~~thought to be suicidal~~ deemed to be a suicide risk, the Provider should immediately seek assistance from one or more of the following sources:

1. Local Community Mental Health Center;
2. Consulting physician, psychiatrist or psychologist; and/or,
3. Public or private psychiatric facility.

As a general precaution individuals who have a history of suicidal behavior should be identified. In DDSN Regional Centers, a list of these individuals should be maintained by the A.O.D.

LEVELS OF PRECAUTION:

1. Critical Suicide Risk Status: ~~When the person~~ Individual should be considered to be "Critical Suicide Risk Status" when he/she is actively self-destructive ~~and his/her safety cannot be maintained in any other way. Also indicated for individuals who~~ or when he/she:

- ~~are expressing~~ Expresses suicidal thoughts or intent;
- ~~have~~ Has a realistic suicide plan;
- ~~have~~ Has attempted suicide in the past;
- Self-mutilates;
- ~~are~~ Is impulsive, frightened or threatening;
- ~~are elopement risks~~ Is at risk for elopement;
- ~~are expressing~~ Expresses hopelessness;
- ~~are displaying~~ Displays agitated behavior.

When an individual is determined to be in "Critical Suicide Risk Status," the following actions must be taken:

a. Continue 24-hour one-to-one or greater staff supervision as necessary to assure safety.

b. Remove all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used to injure the person.

c. Take the ~~person~~ individual to a quiet area with a safe environment away from other individuals.

d. Document observations of the individual's appearance, behaviors, and vocalizations in the ~~person's~~ individual's record at least on an hourly basis and summarize at the end of each shift.

e. Account for all eating utensils after every meal.

f. Continue (A-E) ~~until order is discontinued by the physician, psychologist or responsible professional~~ until determined and documented by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders) to no longer be necessary.

g. Refer for Psychiatric ~~referrals must be done on all critical suicide risk individuals~~ evaluation.

h. ~~All individuals placed on critical suicide risk status must be reported~~ Report to the DDSN Central Office following the critical incident reporting format.

i. ~~For those served in an ICF/IID,~~ Involve the Interdisciplinary team ~~should be involved~~ at the initiation of suicide precaution/prevention procedures for those served in ICFs/IID. ~~For those not served in an ICF/IID,~~ Notify the individual's ~~Service Coordinator~~ Case Manager ~~must be notified and involved~~ at the initiation of the ~~special program~~ suicide precaution/prevention procedures.

2. Suicide Risk Status: ~~Indicated for individuals who:~~ An individual should be considered "Suicide Risk Status" when he/she:

- ~~have~~ Has no suicidal plan or vague plans and statement about suicide;
- ~~have~~ Has no record of prior suicide attempts;
- Talks about future plans and activities;
- Exhibits a non-lethal gesture such as holding breath, choking self with their hands.

When an individual is determined to be in "Suicide Risk Status" the following actions must be taken:

a. ~~Place on~~ Provide constant visual supervision until this suicidal precaution is removed and documented ~~removed from suicidal precautions~~ by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders).

b. ~~Document in person's record observation of the individual's~~ Specifically observe the individual's appearance, behaviors, and vocalizations every four (4) hours and document the observations.

c. ~~Place on~~ Provide one-on-one supervision when the ~~person~~ individual leaves the unit, facility, or program area.

d. ~~For those served in an ICF/IID, involve~~ Involve the Interdisciplinary team in the initiation of suicide precaution/prevention procedures for those in ICFs/IID. ~~For those not in an ICF/IID,~~ Notify the individual's ~~Service Coordinator~~ Case Manager ~~should be notified and involved~~ at the initiation of the ~~special program~~ suicide precaution/prevention procedures.

TRAINING:

~~Include in~~ ~~in-service~~ Provide pre-service training ~~a module~~ on recognizing and preventing suicidal behavior and ensure staff demonstrate knowledge and understanding of how to recognize suicidal behavior and how to appropriately respond to suicidal behavior.

Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)